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Title of Appln.: USE OF EQUOL FOR TREATING ANDROGEN MEDIATED DISEASES

POWER OF ATTORNEY BY ASSIGNEE AND CORRESPONDENCE ADDRESS INDICATION

The specification of the above-identified patent application:

- ☐ is attached hereto.
- ☒ was filed on October 20, 2005 as U.S. application No. 10/533,045

Children's Hospital Medical Center, a organization organized under the laws of Ohio, ("ASSIGNEE") certifies that it is the co-assignee of the entire right, title and interest in the patent application identified above by virtue of either:

- ☒ An assignment from the inventor(s) of the patent application identified above, a copy of which was recorded in the Patent and Trademark Office at Reel 017856, frame 0741, or a copy thereof is attached; OR
- ☐ A chain of title from the inventor(s) of the patent application identified above, to the current assignee as shown below:

1. From _____ to _____
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

ASSIGNEE hereby revokes all previously granted powers of attorney in the above identified patent application and appoints the Practitioners associated with the following Customer Number as its attorneys, with full power of substitution and revocation, to prosecute this application and any continuations, divisions, reissues, and reexaminations thereof, to receive the patent(s), to transact all business in the United States Patent and Trademark Office connected therewith, and to act on ASSIGNEE'S behalf before the competent International Authorities in connection with any and all international applications filed by ASSIGNEE:

Customer No. 00757 - Brinks Hofer Gilson Lione


Please recognize or change the correspondence address for this application to the address associated with the above-mentioned Customer Number. Please direct all telephonic and facsimile communications to:

Magdalena Cilella
Tel.: (312) 321-4200; Fax: (312) 321-4299

The undersigned hereby authorizes the Practitioners associated with the above Customer Number to accept and follow instructions from James M. Anderson as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the Practitioners and the undersigned. In the event of a change in the persons from whom instructions may be taken, the Practitioners will be so notified by the undersigned.

The undersigned (whose title is supplied below) is empowered to act on behalf of ASSIGNEE.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature:  Date: 2/12/09
Name: James M. Anderson
Title: President and CEO